UNOFFICIAL CO: 27.000 21 001 Page 1 of

1999-10-21 12:15:02 Cook County Recorder 23.50

File Number 5622-323-1

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RETURN TO: 1546927-2 LEXIS Document Services 135 S. LaSalle, Ste. 2054 Chicago, IL 60603

State of Allinois Office of The Secretary of State

Whereas,

C-212.3

THE REINSTATEMENT OF

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE GENERAL NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE JANUARY 1, A.D. 1987.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 15TH

JANJ (

day of OCTOBER A.D. 1999 and of the Independence of the United States the two hundred and 24TH .

Desse White

Secretary of State

NFP-112.45/113.60 (Rev. Jan. .1999)

UNOF SECTION OF STATE OF Illinois

COPY

D 56223231

Submit in Duplicate

Payment must be made by certified check, cashiers' check or a money order, payable to "Secretary of State."

APPLICATION FOR REINSTATEMENT
OF DOMESTIC OR FOREIGN
CORPORATION UNDER THE
GENERAL NOT FOR PROFIT
CORPORATION ACT

This Space For Use By
Secretary of State

Date | 0 | 5 | 99

Filling Fee \$ 25

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned corporation hereby applies for reinstatement and submits the following statement.

1.	The name of the con		ate of issuance	of the certifical	te of dissolution or	revocation,
	K.E.E.P. Inc			EXPEDITED		
	70			<u> </u>	nrt 1	5 1999
	and the name or the	corporation as cha	anged is			<u> </u>
	and the name of the	Sorporation as one	ged 13		SECRETAR'	y of sta te
	and if a foreign com			Al		_ (Note 1)
	and, if a foreign com	()		tnority under a	in assumed corpo	rate name
	restriction, the assur	ned corporate nam	ne is	·	· .	
)	·		(Note 2)
2.	The date that the cer	tificate of dissolution	on a revocatio	n was issued v	vas,	
3.	The name and addre	se of its registered		:	(Month & Day)	(Year)
J.	The name and addre	ss of its registered	agent and us r	egisterea onice	e, upon reinstateme	ent will be:
	Registered Agent	Leroy		γ_{x_i}	Mimms	
	Demintered Office	First Name		e Name	Las	t Name
	Registered Office	5519 W Number	North Street), box alone is not a	ccentable)
		Chicago	606	51	Cod	ok
		City	ZIP	Code	T'6	оипty
4.	This application is a penalties required.	ccompanied by all	delinquent rep	- 11	ther wit any filing	fees and
				00	CT 15 1999	9
	The undersioned security				SSE WHITE	
each be in	The undersigned corp of whom affirms, under BLACK INK.)	er penalties of perju	ry, that the facts	i to de sianea d	ov its duly authorize	ed officers, tures must
Date	d 10 12		999	K.E.E.P. I	nc	
attes	(Montbr&) ited by	bay)	(Year)	1//////	me of Corporation)	·
	(Signaturé of Se	ecretary or Assistant	b <i>Secretary)</i>		President or Vice P	resident)
	<u> Kenneth St</u>	eward r Print Name and Titi	(a)	Carl MIlle		
	(rype o	r riik ivaille allu Tju	<i>E)</i>	(туре с	or Print Name and Ti	tie)